

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 11-29-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the muscle testing, motor nerve conduction velocity without F wave, sensory nerve conduction velocity, motor nerve conduction velocity with F wave and H reflex test were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 02-03-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 31st day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

January 27, 2005

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-05-0997-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 27 year-old male injured his lower back on ____ while pulling a seat frame from a rack. His diagnosis was sprains and strains of other and unspecified parts of the back. He has been treated with therapy.

Requested Service(s)

Muscle testing, motor nerve conduction velocity (NCV) without F wave, sensory nerve conduction velocity (NCV), motor nerve conduction velocity (NCV) with F wave, and H reflex test for date of service 02/03/04

Decision

It is determined there is no medical necessity for the muscle testing, motor nerve conduction velocity (NCV) without F wave, sensory nerve conduction velocity (NCV), motor nerve conduction velocity (NCV) with F wave, and H reflex test for date of service 02/03/04.

Rationale/Basis for Decision

According to the Milliman Care Guidelines¹, the disputed electrodiagnostic testing did not meet the criteria for medical necessity since the patient was responding to treatment with decreased pain ratings and the diagnosis was not radicular in nature. Therefore, the muscle testing, motor nerve conduction velocity (NCV) without F wave, sensory nerve conduction velocity (NCV), motor nerve conduction velocity (NCV) with F wave, and H reflex test for date of service 02/03/04 was not medically necessary to treat this patient's medical condition.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm
Attachment

¹ Milliman Care Guidelines, *Ambulatory Care* 8th Edition. Copyright © 1996, 1997, 1999, 2001, 2002 Milliman USA, Inc.

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-05-0997-01

Information Submitted by Requestor:

- Daily Treatment Notes
- Claims

Information Submitted by Respondent:

- Daily Treatment Notes
- Claims